

S/N: TBA

1/29/2004

Docket No.: TAK-168-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Masaki TAKABAYASHI et al.

Art Unit: TO BE ASSIGNED

Filed: January 29, 2004

Examiner: TO BE ASSIGNED

Docket No: TAK-168-USAP

Customer No: 28892

For: Cover and Decorative Cover for a Clip and Clip Set and a Nail Cover in Combination With a Plastic Clip

UTILITY PATENT APPLICATION TRANSMITTAL
IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

X New Application.

___ Continuation

___ Divisional of U.S.P.T.O. Serial Number ___, filed ___.

___ Continuation in Part of U.S.P.T.O. Serial Number ___, filed ___.

The undersigned has been authorized by the Applicant(s),

Masaki TAKABAYASHI

Eijiro TAKI

Taizo NODA

FOR: Cover and Decorative Cover for a Clip and Clip Set and a Nail Cover in Combination With a Plastic Clip

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

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Enclosed are:

- 17 pages of Specification,
5 page(s) of Claims,
1 page of an Abstract, and
17 sheets of Drawings. Total pages in the disclosure are 40
X Return Receipt Postcard (MPEP 503).
X Application Data Sheet
X Newly Executed Oath or Declaration with Power of Attorney
 Signed Statement deleting inventor(s) named in prior application.
X Applicant claims Small Entity status under 37 CFR §1.27.
X Assignment of the Invention and \$80.00.
X A certified copy of Priority Document.
 A Preliminary Amendment.
 Letter to the Official Draftsperson and amended drawing(s).
X Information Disclosure Statement (IDS)/PTO Form 1449/1 Reference.
X The basic filing fee of \$385.00.
X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	12	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	8	Minus	3	x \$43=	215.00	x\$86=	0.00
New Multiple Dependent Claims		-0-		x\$145=	0.00	x\$290 =	0.00
And Claims Dependent Thereon		-0-		x\$145=	0.00	x\$290 =	0.00
TOTAL ADDITIONAL FEE				215.00		0.00	

X A check in the total amount of \$680.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



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Date: January 29, 2004

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